2019 AUG 16 PM 2: 27 August 15, 2019 Accepted / Filed
AUG 15 2019

Federal Communications Commission Office of the Secretary

Ms. Marlene H. Dortch Secretary Federal Communications Commission 455 12th Street, S.W. Washington, D.C. 20554

Re: FCC 302-AM Application for Direct Measurement of Power - WBVP(AM), Beaver Falls, PA (FCC Facility ID # 52746)



Womble Bond Dickinson (US) LLP

1200 Nineteenth Street, NW Suite 500 Washington, DC 20036

t: 202.467.6900 f: 202.467.6910

John F. Garziglia Partner

Direct Dial: 202-857-4455 Direct Fax: 202-261-0055

E-mail: John. Garziglia@wbd-us.com

Dear Ms. Dortch:

Submitted herewith in triplicate on behalf of Sound Ideas Media, LLC, the licensee of WBVP(AM), Beaver Falls, PA, is an FCC Form 302-AM application requesting an authorization for a direct measurement of power. This application is submitted to comply with the special operating condition in the W257EA, Beaver Falls, PA construction permit (FCC File No. BNPFT-20171205AAS).

Should any questions arise, please contact the undersigned.

0023720072

Respectfully submitted,

John F. Garziglia

Enclosures



Federal Communications Commission Washington, D. C. 20554

Approved by OM8 3060-0627 Expires 01/31/98

FOR FCC USE ONLY	
ONLY	

FCC 302-AM APPLICATION FOR AM BROADCAST STATION LICENSE

(Please read instructions before filling out form.

FOR COMMISSION USE ONLY	
FILE NO. 822-2019	0815482
	Accented / File

	0	10//	Accepted / Filed
SECTION I - APPLICANT FEE INFORMATION			
PAYOR NAME (Last, First, Middle Initial)			AUG 15 2019
Sound Ideas Media, LLC			1
MAILING ADDRESS (Line 1) (Maximum 35 characters)			Federal Communications Commissio Office of the Secretary
1316 7th Avenue			and ocoretary
MAILING ADDRESS (Line 2) (Maximum 35 characters) P.O. Box 719			
CITY Beaver Falls	STATE OR COUNTRY (if foreign ac	dress)	ZIP CODE 15010
TELEPHONE NUMBER (include area code) (724) 846-4100	CALL LETTERS OTHE WBVP 5274		ITIFIER (If applicable)
2. A. Is a fee submitted with this application?			Yes 🗸 No
B. If No, Indicate reason for fee exemption (see 47 C.F.R. Sect	tion	_	
Governmental Entity Noncommercial e	educational licensee	ease explain)	
	The second secon	,	
C. If Yes, provide the following Information:			
Enter In Column (A) the correct Fee Type Code for the service y	ou are applying for. Fee Type Codes ma	y be found it	the "Mass Media Services
Fee Filing Guide." Column (B) lists the Fee Multiple applicable for	r this application. Enter fee amount due is	n Column (C)	٠
(A) (B)	(0)		
	(C) FEE DUE FOR FEE		
FEE TYPE FEE MULTIPLE	TYPE CODE IN COLUMN (A)		FOR FCC USE ONLY
0 0 0 1	\$ Non-Feeable Application		
To be used only when you are requesting concurrent actions which	result in a requirement to list more than	one Fee Type	Code.
(A)(B)	(C)		
0 0 0 1	\$		FOR FCC USE ONLY
ADD ALL AMOUNTS SHOWN IN COLUMN C, AND ENTER THE TOTAL HERE.	TOTAL AMOUNT REMITTED WITH THIS APPLICATION	!	FOR FCC USE ONLY
THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.	\$ Non-Feeable Application		
7 talifi) 17 17 7 5 ta			

SECTION II - APPLICAN	T INFORMATION					
NAME OF APPLICANT Sound Ideas Media, LLC						
MAILING ADDRESS 1316 7th Avenue / P.O. Box	719					
CITY Beaver Falls			STATE PA		ZIP CODE 15010	
2. This application is for:	Commercial AM Direct	ctional	Noncomm	nercial		
Call letters WBVP	Community of License Beaver Falls, PA	Construct N/A	tion Permit File No.	Modification of Construction Permit File No(s). N/A	Expiration Date of Las Construction Permit N/A	st
	ow operating pursuant .R. Section 73.1620?		matic program			No
4. Have all the term construction permit bee	s, conditions, and oblig n fully met?	gations s	et forth in the	above described	Yes	No
If No, state exceptions i	n an Exhibit.				N/A	
the grant of the under	ges already reported, ha lying construction permi d in the construction per	t which v	would result in	any statement or	Yes	No
If Yes, explain in an Ex	hibit.				N/A	
	led its Ownership Report ce with 47 C.F.R. Sectio	*	· ·	ership	Yes Does not app	No olv
If No, explain in an Exhi	ibit.				Exhibit No.	<i>.</i> .,
or administrative body v	ling been made or an ad with respect to the applic bught under the provision elated antitrust or unfaunt; or discrimination?	ant or pa ns of any	rties to the appli law relating to t	cation in a civil or he following: any	Yes V	No
involved, including an id (by dates and file numinformation has been required by 47 U.S.C. S of that previous submiss the call letters of the s	attach as an Exhibit a function of the court of the disposition of the	or adminition of the innection cant need file number of the number of the applications.	istrative body and litigation. Whe with another a lonly provide: (in the case ation or Section	nd the proceeding nere the requisite application or as in a polication of an application, and application, and application.	Exhibit No.	

8. Does the applicant, or any party to the application, have the expanded band (1605-1705 kHz) or a permit or license expanded band that is held in combination (pursuant to the 5 with the AM facility proposed to be modified herein?	either in the existing band	lor
If Yes, provide particulars as an Exhibit.		Exhibit No.
The APPLICANT hereby waives any claim to the use of any against the regulatory power of the United States because requests and authorization in accordance with this application amended).	e use of the same, whet	her by license or otherwise, and
The APPLICANT acknowledges that all the statements ma material representations and that all the exhibits are a material	de in this application and al part hereof and are inco	attached exhibits are considered rporated herein as set out in full in
CERTIFI	CATION	
1. By checking Yes, the applicant certifies, that, in the case or she is not subject to a denial of federal benefits that incl to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U. case of a non-individual applicant (e.g., corporation, partner association), no party to the application is subject to a deincludes FCC benefits pursuant to that section. For the depurposes, see 47 C.F.R. Section 1.2002(b).	udes FCC benefits pursua S.C. Section 862, or, in the ship or other unincorporate anial of federal benefits the	nt ne ed at
2. I certify that the statements in this application are true, co and are made in good faith.	emplete, and correct to the	best of my knowledge and belief,
Name	Signature	0.)
Mark D. Peterson	H an D.	liku
Title	Date	Telephone Number
President	8/9/2019	(724) 846-4100
WILLELL FALSE STATEMENTS ON THIS FORM AR	E PUNISHARI E RY FIN	F AND/OR IMPRISONMENT

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION

FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

The solicitation of personal information requested in this application is authorized by the Communications Act of 1934, as amended. The Commission will use the information provided in this form to determine whether grant of the application is in the public interest. In reaching that determination, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency. In addition, all information provided in this form will be available for public inspection. If information requested on the form is not provided, the application may be returned without action having been taken upon it or its processing may be delayed while a request is made to provide the missing information. Your response is required to obtain the requested authorization.

Public reporting burden for this collection of information is estimated to average 639 hours and 53 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, can be sent to the Federal Communications Commission, Records Management Branch, Paperwork Reduction Project (3060-0627), Washington, D. C. 20554. Do NOT send completed forms to this address.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3507.

Name of Applicar Sound Ide	nt	lcation engli LC	NEERING DATA	Α				
PURPOSE OF A	UTHORIZATIO	N APPLIED FOR	: (check one)					
	Station License		Direct Me	asurement of Pow	er			
1. Facilities auth	orized in constr	uction permit						
Trodicol Operation					***************************************	n kilowatts		
WBVP	(if applicable)		(kHz) 1230 kHz	24		Night 1	Day 1	
2. Station location	n							
State								
PA				Beaver Fa	alls			
3. Transmitter lo	cation							
State	County			City or Town		Street address		
PA		AVER		RUASKI T	TWO	(or other identifi	cation)	
		7770		TOOPET	,	3702 REAR	HTON, PA 1506	
4. Main studio lo State	County			City or Town	4	Street address		
N/A	County			City of Town		(or other identification)		
5. Remote contro		(specify only if at	thorized directio			Street address		
State	County			City or Town		(or other identifi	cation)	
6. Has type-approved stereo generating equipment been installed? 7. Does the sampling system meet the requirements of 47 C.F.R. Section 73.68? X Not Applicable Attach as an Exhibit a detailed description of the sampling system as installed. Exhibit No.								
8 Operating con	etante:							
8. Operating constants: RF common point or antenna current (in amperes) without modulation for night system 3.74 RF common point or antenna current (in amperes) without modulation for day system 3.74								
Measured antenna or common point resistance (in ohms) at operating frequency Night Day Night Day -J70 Day -J70					(in ohms) at			
Antenna indication	ns for direction							
Antenna monitor Phase reading(s) in degrees Night Day		Antenna monitor sample current ratio(s) Antenna base of		base currents				
		Night	Day	Night	Day	Night	Day	
		all and a second						
Manufacturer and	type of antenr	na monitor:					i	

SECTION III - Page 2

9. Description of antenna system ((f directional antenna is used, the information requested below should be given for each element of the array. Use separate sheets if necessary.)

Type Radiator	Overall height in meters of radiator above base insulator, or above base, if grounded.	above ground	Overall height in meters above ground (without obstruction lighting) 157 Overall height in meters above ground (indoobstruction lighting) 158		nclude	If antenna is either top loaded or sectionalized, describe fully in an Exhibit.
tower	156	157				Exhibit No.
Excitation	X Series	Shunt				
Geographic coordinates tower location.	to nearest second. For direc	tional antenna	give coordinat	es of center of arra	ay. For sing	gle vertical radiator give
North Latitude 40	° 44 · 1	6	West Longitu	ide 80 °	17	47 "
	ove, attach as an Exhibit furt ver and associated isolation c		dimensions in	ncluding any other		Exhibit No.
Also, if necessary for a dimensions of ground sy	a complete description, attac stem.	ch as an Exhi	bit a sketch o	of the details and		Exhibit No.
10. In what respect, if a permit?	ny, does the apparatus const	ructed differ fro	om that describ	ped in the applicati	on for cons	struction permit or in the
Minor change tower.	e change in antenna or comm in Antenna resistar the applicant in the capacity true to the best of my knowle	nce do to	installat			
Name (Please Print or T	ype)			ck appropriate box	_	
Matthew Lightne	r		matu	les le-	Ligh	me
Address (include ZIP Co	ode)		Date 8/9/2019	}		
1771 Beaver Da	1771 Beaver Dam Road Telephone No. (Include Area Code)					
Claysburg PA 16	6625		(814) 23	9-8323		
Technical Director			Registere	ed Professional En	gineer	
Chief Operator			× Technica	ıl Consuitant		
Other (specify)						
FCC 302-AM (Page 5) August 1995						

COLLINS RADIO GROUP

BY:

DOCUMENT NO.

DATE:

PAGE

